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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H47255 (5)
1. Corporation Name
THE FOSHEE COMPANY, INC.



Principal Place of Business: 1832 PERRY PL, JACKSONVILLE FL 32207 US
Mailing Address: P. O. BOX 5792, JACKSONVILLE FL 32247-5792 US

3. Date Incorporated or Qualified: 03/14/1985
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2838663
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. 1603 Minerva Ave, 22. Jacksonville, FL, 23. 32207
2a. Mailing Address: 26. Suite, Apt. #, etc., 27. City & State, 28. Zip, 29. Country

9. Name and Address of Current Registered Agent: FOSHEE, DURWOOD O., JR., 1122 SPRING PARK RD., JACKSONVILLE FL 32207
10. Name and Address of New Registered Agent: 81. Name, 82. Street Address (P.O. Box Number is Not Acceptable): 1603 Minerva Ave, 84. City: Jacksonville, FL, 85. Zip Code: 32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: STD	NAME: WOOD, ERNEST J.	1.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1832 PERRY PLACE	CITY-ST-ZIP: JAX FL	1.2 NAME:	
		1.3 STREET ADDRESS: 1603 Minerva Ave	
		1.4 CITY-ST-ZIP:	
TITLE: PD	NAME: FOSHEE, D.O., JR.	2.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1832 PERRY PLACE	CITY-ST-ZIP: JAX FL	2.2 NAME:	
		2.3 STREET ADDRESS: 1603 Minerva Ave	
		2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Durwood O. Foshee* 4/15/97 904-398-6677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)